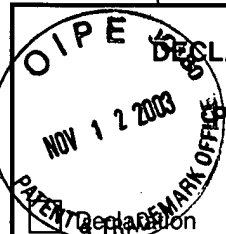


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 <b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)	<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	<b>Attorney Docket Number</b> 66638-40285
				<b>First Named Inventor</b> Baldini, et al.
				<b>COMPLETE IF KNOWN</b>
				<b>Application Number</b> 10/600,546
				<b>Filing Date</b> June 20, 2003
			<b>Group Art Unit</b> To be assigned	
			<b>Examiner Name</b> To be assigned	

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

***Method of Manufacturing a Socket Portion of a Prosthetic Limb***

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

June 20, 2003

as United States Application Number or PCT International

Application  
Number

10/600,546

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Application Number(s)	Country	Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 3]

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**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☐Customer Number  
or Bar Code Label**\*21888\*****21888**

PATENT TRADEMARK OFFICE

OR ☒ Correspondence address below**Name** Clyde L. Smith**Address** Thompson Coburn LLP, One US Bank Plaza**City** St. Louis**State** MO**ZIP** 63101**Country** USA**Telephone** 314-552-6338**Fax** 314-552-7338

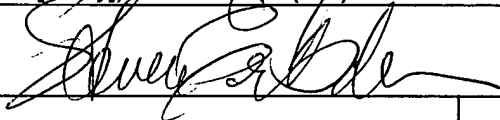
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR :**☐ A petition has been filed for this unsigned inventor**Given Name**

(first and middle [if any]) Steven E. (Ric)

**Family Name**

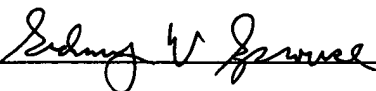
or Surname Baldini

**Inventor's  
Signature****Date** 11/5/03**Residence: City** St. Charles**State** MO**Country** USA**Citizenship** USA**Mailing Address:** 45 Huntington Parkway**City** St. Charles**State** MO**ZIP** 63301**Country** USA**NAME OF SECOND INVENTOR :**☐ A petition has been filed for this unsigned inventor**Given Name**

(first and middle [if any]) Sidney W. (Wayne)

**Family Name**

or Surname Sprouse

**Inventor's  
Signature****Date** 11-5-03**Residence: City** Wildwood**State** MO**Country** USA**Citizenship** USA**Mailing Address:** 2520 N wpoint Drive**City** Wildwood**State** MO**ZIP** 63011**Country** USA☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☐

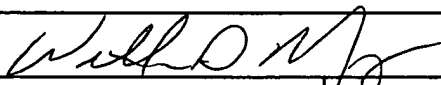
PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032


U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>3</u> of <u>3</u>
--------------------	---

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
William D.		Macy	
Inventor's Signature 		Date 11/06/03	
St. Peters Residence: City	MO State	USA Country	USA Citizenship
130 GlenAllen Drive Mailing Address			
Mailing Address			
St. Peters City	MO State	63376 ZIP	USA Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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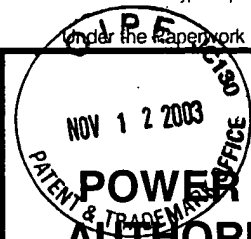
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PTO/SB/81 (02-01)

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# **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	10/600,546
Filing Date	June 20, 2003
First Named Inventor	Baldini, et al.
Title	METHOD OF MANUFACTURING A SOCKET PORTION OF A PROSTHETIC LIMB
Group Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	66638-40285

I hereby appoint:

Practitioners at Customer Number

021888

**\*21888\***

**21888**

PATENT TRADEMARK OFFICE

OR



Practitioner(s) named below:

Name	Registration Number
Caroline G. Chicoine	38198
Richard E. Haferkamp	29072
John M. Howell	25261
Paul A. Maddock	37877
Alan H. Norman	32285
Thomas A. Polcyn	41256
Joseph M. Rolnicki	32653
Kenneth Solomon	31427
Matthew A. Braunel	52649
David R. Deal	48204
Matthew J. Himich	47650
David B. Jenkins	46805
Daniel S. Kasten	45363
Paul A. Lesko	45364
Kim Hoang Lu	51973
Clyde L. Smith	46292
Benjamin L. Volk	48017
William C. Anderson	28147
Harry B. Field	27880
Terje Gudmestad	32232
John C. Hammar	29928
Henry G. Kohlmann	26672
Bryan C. Ogden	25362
Charles T. Silberberg	26584
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Thomas W. Hennen	27798
Lawrence W. Nelson	34684
John R. Rafter	28533

Jeanne Suchodolski	34936
Robert H. Sproule	30689
James Hamley	28081
Nicholas T. Bauz	41604

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

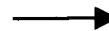
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021888



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**21888**

PATENT TRADEMARK OFFICE

☒ Firm or Individual Name

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63101

Country

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Telephone

314-552-6338

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I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

#### SIGNATURE of Applicants or Assignees of Record

Name

Steven E. (Ric) Baldini

Signature

Date

11/05/03

Name

Sidney W. (Wayne) Sprouse

Signature

Date

11-5-03

Name

William D. Macy

Signature

Date

11/06/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

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